

Health Home Implementation Webinars

Session #38– May 28, 2014

Program Updates



Agenda

- PSYCKES Update
- OMH Inpatient and Residential Settings

PSYCKES for Health Homes and Downstream Care Managers

May 28 2014

Overview

- Consent
 - When to use Health Home consent, PSYCKES consent, both?
- Content
 - Current Health Home content and timeline for release of additional enhancements
- Implementation
 - Past, current, and timeline for new round of implementation

PSYCKES Security Overview

- PSYCKES access is granted to a provider agency, not individual programs (defined by tax ID)
 - That means that if any program in the agency has access, other programs can have access
 - Note: For HHC and OMH PCs access is granted by hospital with its affiliated outpatient programs, since whole network of hospitals share a common tax ID.
- Security is managed locally
 - The CEO selects the Security Manager
 - Security Managers have the authority to enroll staff as appropriate
 - A provider agency can have multiple Security Managers, for example if original Security Manager was based in a hospital Department of Psychiatry, it may make sense to add a Security Manager for other program types

Consent Recommendations

Note: PSYCKES access is granted to a provider agency (defined by tax ID, with exception of HHC and OMH PCs)

Tax ID	Recommend Consent Procedure
HH and CM have the same tax ID	<ol style="list-style-type: none">1) New HH Consent form*2) PSYCKES consent for provider agency* <p><i>*Either is sufficient for PSYCKES access, but both are recommended</i></p>
HH and CM do not have same tax ID	<ol style="list-style-type: none">1) New HH Consent form2) PSYCKES consent for HH provider agency (if other programs share HH Tax ID)3) PSYCKES consent for CM provider agency

Health Home Relevant PSYCKES Content

- Currently
 - 5 year summary of Medicaid funded treatment (medical and behavioral health)
 - Quality flags to identify Medicaid enrollees (eg High utilizers of ER/inpatient for medical or BH diagnoses, Hospital Readmissions)
 - Limitation: Health Homes and Case/Care Management combined, by Medicaid bill only
- June: PSYCKES HH Workgroup to identify additional needs
- June – July release
 - Health Home clients (enrolled vs outreach status)
 - New “Care Coordination” section in Clinical Summary
 - Can manually link a client to your agency
- October
 - Link to DOH table: allows you to see both HH and CM program, independent of who bills
 - “Who to call” section of Clinical Summary
 - Other enhancements determined by PSYCKES HH Workgroup

PSYCKES Implementation Overview

- If your provider agency (share Tax ID) already has PSYCKES access, then your program can get access
- Implementation is rolled out in phases by setting and initiative
- Implementations:
 - Free-standing Article 31 clinics participating in CQI project
 - Hospitals participating in CQI project
 - Hospitals with BHO oversight
 - ACT
 - Case Management

Implementation Recommendations

Tax ID	PSYCKES access & Implementation Recommendation
HH, CM program, and a hospital with psychiatric beds have the same tax ID	Eligible to request access now if do not already have access. Even if have or get access sooner, recommend participation in HH learning collaborative
HH and CM have same tax ID (but do not have affiliation with hospital with psych beds and same tax ID)	Wait until HH learning collaborative implementation fall 2014 (if already have access also recommend participation in learning collaborative)
HH and CM do not have same tax ID	Wait until HH learning collaborative implementation fall 2014 (if already have access also recommend participation in learning collaborative)

Questions?

Health Home Care Management in OMH Inpatient and Residential Settings

Health Home Care Management for Inpatient and Residential Stays

- ▶ This webinar is being presented in response to questions received regarding providing Health Home care management for members during inpatient and residential stays.
- ▶ The focus of this presentation is on OMH.
- ▶ Sections of the HH Provider Manual (e.g., 3.7 and 6.2) are currently under revision.

OMH STATE OPERATED INPATIENT AND RESIDENTIAL SETTINGS

State-Operated OMH Settings

- State Operated Inpatient Beds at Psychiatric Hospitals
- Transitional Living Residence (TLR)
- Transitional Placement Program (TPP)
- State Operated Community Residences (SOCRs)
- Residential Care Center for Adults (RCCA)
- State Operated Family Care (SOFC)

State Operated Psychiatric Hospitals

- ▶ 24 hospitals (including adult and children's inpatient, and forensic).
 - ▶ 24 hour hospital based program includes: psychiatric, medical, nursing, and social services which are required for the assessment and or treatment of a person with a primary diagnosis of mental illness.
 - ▶ Health Home care managers should remain in contact with their Health Home members and maintain his/her enrollment.
 - ▶ During the first 30 days, Health Home Care Management will continue to be reimbursed; however, after 30 days reimbursement is suspended until discharge.
 - ▶ Upon discharge, active care management resumes and the plan of care should be reviewed and revised if necessary.
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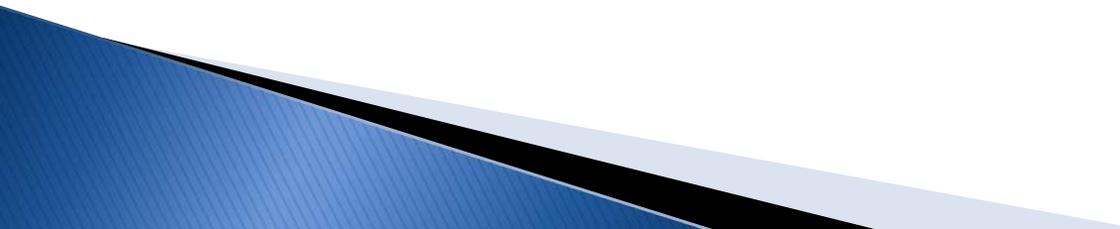
Transitional Living Residence (TLR)

- ▶ 9 licensed state operated TLRs (licensed as Congregate Care Community Residences by OMH).
- ▶ Total capacity of 357 beds.
- ▶ TLR services are short-term residential care and treatment for individuals who are assessed as stable but require additional support and assistance before discharge to a more independent community residence. 24 hour supervision and training focused on community living skills, and treatment plans.
- ▶ Length of Stay = about 6 months.
- ▶ Health Home Care Management will be reimbursed.

Transitional Placement Program (TPP)

- ▶ 12 licensed state operated TPPs (licensed as congregate Care Community Residences by OMH).
- ▶ Total capacity of 313 beds.
- ▶ TPP services are a less restricted level of care, may include long-stay patients awaiting another placement, patient may require more preparation before being able to live in a less restrictive community setting. Staffed at a slightly richer level than TLRs. 24 hour supervision, length of stay varies.
- ▶ Health Home Care Management will be reimbursed.

Residential Care Center for Adults (RCCA)

- ▶ 2 RCCAs.
 - ▶ Total capacity of 237 beds.
 - ▶ RCS services are provided in OMH licensed congregate care support facilities for transitional and extended stays. Anticipated that residents will move to more independent housing, but no set time for completing the program. For individuals who need more focused ADL skills training and other rehab services. 24/7 staff, nursing staff is available 5 days/wk.
 - ▶ Health Home Care Management will be reimbursed.
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State Operated Community Residence (SOCR)

- ▶ 32 SOCRs across state.
- ▶ SOCRs serve 10 to 24 residents, 18 years of age or older. OMH licensed residence that provides group living for adults, 3 meals a day, 24 hour supervision, rehab services or activities geared toward maintaining or improving functioning.
- ▶ Length of Stay = goal is to move to a less restrictive living environment within 24 months.
- ▶ Health Home Care Management will be reimbursed.

State Operated Family Care (SOFC)

- ▶ Over 1,400 placements
 - ▶ SOFCs provide 24-hour residential services for up to 4 adults with an unrelated family in the community. Providers offer support, furnished rooms, meals, companionship, medication management and security.
 - ▶ Health Home Care Management will be reimbursed.
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NON-STATE OPERATED INPATIENT SETTINGS

Private Psychiatric Hospital/Hospital for the Mentally Ill (Article 31)

- ▶ Description - 24-hour inpatient treatment program that is licensed by the New York State Office of Mental Health and operates in private hospitals that provide behavioral health services exclusively.
- ▶ Examples: Four Winds, Brunswick Hospital, Brylin Hospitals, Inc.
- ▶ Licensure: OMH
- ▶ Health Home care managers should remain in contact with their Health Home members and maintain his/her enrollment.
- ▶ During the first 30 days, Health Home Care Management will continue to be reimbursed; however, after 30 days reimbursement is suspended until discharge.
- ▶ Upon discharge, active care management resumes and the plan of care should be reviewed and revised if necessary.

Inpatient Psychiatric Unit of a General Hospital (Article 28)

- ▶ Description - A licensed, 24-hour inpatient treatment program, which is jointly licensed by the New York State Office of Mental Health and the New York State Department of Health and operated in a general hospital. Includes full-time medical, psychiatric and social services and around-the-clock nursing services for individuals with mental illness.
- ▶ Examples: Albany Medical Center, Erie County Medical Center, Nyack Hospital
- ▶ Licensure: DOH licenses entire hospital; OMH licenses the psychiatric unit.

Inpatient Psychiatric Unit of a General Hospital (Article 28)-Reimbursement

- ▶ During the first 30 days, Health Home Care Management will be reimbursed.
- ▶ Between the first month of admission and the month of discharge, up to 3 months of Health Home care management services can be reimbursed at the outreach and engagement rate.
- ▶ Care managers should remain in contact with the individual and maintain his/her enrollment throughout the course of the inpatient episode.
- ▶ Upon discharge, active care management and reimbursement resumes. The plan of care should be reviewed and revised if necessary.

Inpatient Settings

Settings	Will Health Home Care Management be Reimbursed?	Second Month Going Forward	Upon Discharge
State Operated Inpatient Beds at Psychiatric Centers	YES, for the month of admission.	Member will remain enrolled, but Health Home Care Management cannot be billed.	YES, active care management and reimbursement resumes.
Private Psychiatric Hospital/Hospital for the Mentally Ill (Article 31)	YES, for the month of admission.	Member will remain enrolled, but Health Home Care Management cannot be billed.	YES, active care management and reimbursement resumes.
Inpatient Psychiatric Unit of a General Hospital (Article 28)	YES, for the month of admission.	Care Management can be billed for any 3 intervening months. Members will remain enrolled throughout.	YES, active care management and reimbursement resumes.

OMH Residential Settings List

Settings	Will Health Home Care Management be Reimbursed?
Transitional Living Residence (TLR)	YES
Transitional Placement Program (TPP)	YES
State Operated Community Residence (SOCR)	YES
Residential Care Center for Adults (RCCA)	YES
State Operated Family Care (SOFC)	YES

Useful Contact Information

- Visit the Health Home website:
http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/
- Get updates from the Health Homes listserv. To subscribe send an email to: listserv@listserv.health.state.ny.us (In the body of the message, type SUBSCRIBE HHOMES-L YourFirstName YourLastName)
- To email Health Homes, visit the Health Home Website and click on the tab “Email Health Homes”
http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/
- Call the Health Home Provider Support Line: 518-473-5569